



SPOUSE Certification Form

Member Information			
Last Name	First Name	Middle Initial	Employee ID #
Mailing Address	City	State	Zip Code
Agency	Work Phone Number	Home Phone Number	

Spouse Information			
Last Name	First Name	Middle Initial	
Gender (circle one):	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth (mm/dd/yyyy):

Spouse Certification • Circle your response to each question and sign the section.

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| 1. Is your spouse employed full-time by an employer with 100 or more employees? | Yes | No |
| 2. Is your spouse eligible to receive health insurance from his/her employer? | Yes | No |
| 3. Has your spouse chosen to receive from his / her employer | Yes | No |
| a. Cash instead of health insurance, or | | |
| b. Credit towards the purchase of some other benefit instead of health insurance, or | | |
| c. Cash and a health insurance plan with a deductible of \$750 or more instead of a plan with a smaller deductible? (This includes a high deductible plan.) | | |
| 4a. Is your spouse eligible for insurance benefits as an employee of the State of Minnesota or another organization participating in the State Employee Group Insurance Plan (SEGIP) ? | Yes | No |
| 4b. If yes, has your spouse elected to waive enrolling in coverage with a partial or a full employer contribution? | Yes | No |
| 5. Are you currently legally married to the individual you are certifying for coverage under the laws of the State of Minnesota? | Yes | No |
- Your spouse is NOT eligible for coverage on your health coverage if you answered “Yes” to questions, 1, 2 **and** 3.
 - Your spouse is not eligible if you answered “Yes” to question 4a and “No” to question 4b.
 - Your spouse is not eligible if you answered “No” to question 5.

I have read the above statements relating to my spouse’s eligibility for coverage on my health plan and I certify that my spouse:

is eligible is NOT eligible

Certification By completing and signing this form, I certify that the information I have provided is true, complete, and accurate. I understand that knowingly providing false, incomplete, or misleading information may be fraud or intentional misrepresentation of a material fact and may result in denial or loss of benefits, I may be required to repay any claims paid during the period the spouse as ineligible, and I may be subject to disciplinary action.

Employee’s signature _____ Date _____

Please see the Privacy Notice on reverse side

Notice of Collection of Private Data Minnesota Management & Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why we are requesting the private data about you, your spouse, and dependents, how we will use it, who will see it, and your obligation to provide the data.

Why we ask you for this data? We ask for this data so that we can successfully administer SEGIP. This information is used to process your request to add or change coverage for yourself, your spouse, or dependents. The requested information helps us to determine eligibility, to identify you and your spouse, and dependents, and to contact you or your spouse, and dependents. The information is also used to develop new programs, ensure current programs effectively and efficiently meet member needs, and to comply with federal and state law and rules. We need the social security numbers and birth dates of your spouse and dependent to offer insurance continuation, process a death benefit, to ensure we are matching them to the correct insurance benefit transaction and to comply with federal Medicare coordination laws (in compliance with Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (P.L. 110-173)). If you provide any data about you, your spouse, or dependents that is not necessary, we will not use it for any purpose.

Do you have to provide the private data requested? You are not required to provide all of the data but certain data must be collected. If you do not provide the requested data, your dependent(s) may be approved to participate in the program or may lose coverage under the program. If you do provide the data, it will be used as described.

Who else may see this data about you and your spouse and dependents? We may give data about you, your spouse, and dependents to the plan administrator you have chosen, SEGIP's other representatives, vendors and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to the information; and anyone authorized by a court order. In addition, the parents of a minor may see data on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that data.

How else may this data be used? We can use or release this data only as stated in this notice unless you give us your written permission to release the data for another purpose or to release it to another individual or entity. The data may also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data or to use it for another purpose.

Questions – need more information – please call SEGIP at 651-355-0100.

Return completed form and documentation to SEGIP:

Scan and email to segip.mmb@state.mn.us

Fax to: 651-296-5445

Mail to:

Minnesota Management & Budget

SEGIP

400 Centennial Office Building

658 Cedar Street, St. Paul, Minnesota 55155